## **2003 FOR PROFIT CORPORATION**

## Jul 09, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P02000060658 **DOCUMENT#** 07-09-2003 90033 011 \*\*\*150.00 1. Entity Name R & R SATELITES, INC. Principal Place of Business Mailing Address 9522 SUGAR HOLLOW LANE 9522 SUGAR HOLLOW LANE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 02-06/028 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDENBACHER, RANDALL S Street Address (P.O. Box Number is Not Acceptable) 9522 SUGAR HOLLOW LANE JACKSONVILLE FL 32256 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the öbligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Channe REDENBACHER, RANDALL S NAME 9522 SUGAR HOLLOW LANE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY\*ST\*ZIP CITY-ST\_ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

FILED

Attachment 47020000la0658 TO Whom IT MAY CONCERN: AS president OF R+R SATTELLITES I WOULD LIKE TO SAY. E have never Received a prior notice: FOR A BILL DUE, IF I had, I would HAVE promptly pain IT AS I pay
all my Bices upon Receiving them. I

An New to owning a corporation also
SO I apologize FOR NOT getting this payment out to you but I never received a prior Notice.